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601 Service Codes and Descriptions

Inpatient Services

(To view the rates for these services, please refer to 101 CMR 346.00: Rates for Certain Substance-Related and Addictive Disorders.)

Service

Code Modifier Service Description

H0010		Alcohol and/or drug services sub-acute detoxification (residential addiction program inpatient) (clinically managed detoxification services)
H0011		Alcohol and/or drug services; acute detoxification (medically monitored inpatient detoxification services)

24-Hour Community-Based Services

(To view the rates for these services, please refer to 101 CMR 346.00: Rates for Certain Substance-Related and Addictive Disorders.)

H0018		Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem (transitional support services)
H0019		Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days; without room and board, per diem (adult residential rehabilitation services)
H0019	TH	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (residential rehabilitation services pregnant enhancement)
H0019	HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (family residential treatment for 11 families)
H0019	HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (family residential treatment for 12 families)
H0019	HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (family residential treatment for 13 families)
H0019	HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (family residential treatment for 14 families)
H0019	HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (family residential treatment for 15 families)
H0019	HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (family residential treatment for 16 or more families)

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601 Service Codes and Descriptions (cont.)

(To view the rates for these services, please refer to 101 CMR 413.00: Payments for Youth Intermediate Term Stabilization Services.)

Service

Code Modifier Service Description

H0019	HF	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (residential rehabilitation services for transitional age youth and young adults: youth residential substance use disorder treatment)
H0019	HA	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (residential rehabilitation treatment services for youth: clinically intensive youth residential substance use disorder treatment)
H0019	HD	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (residential rehabilitation services postpartum enhancement)

Opioid Treatment Services

(To view the rates for these services, please refer to 101 CMR 346.00: Rates for Certain Substance-Related and Addictive Disorders.)

H0020		Alcohol and/or drug services methadone administration and/or service (provision of the drug by a licensed program) (dose only visit)
H0004	TF	Behavioral health counseling and therapy (methadone/opioid counseling) per 15-minute unit (individual counseling, intermediate level of care, four units maximum per day)
T1006	HR	Alcohol and/or substance abuse services (methadone/opioid counseling) per 30-minute unit (family/couple counseling, two units maximum per day)
H0005	HQ	Alcohol and/or drug service group counseling by a clinician (methadone/opioid counseling) per 45-minute unit (two units maximum per day)
H0038	HF	Self-help/peer service, per 15 minutes (substance abuse program) (recovery support service by a recovery advocate trained in Recovery Coaching)

(To view the rates for these services, please refer to 101 CMR 444.00: Rates for Certain Substance Use Disorder Services.)

H0001	U1	Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation, at initiation of treatment)
H0033		Oral medication administration, direct observation (buprenorphine, first dosage only)
H0033	U2	Oral medication administration, direct observation (buprenorphine, dosing only visit)
H0033	U3	Oral medication administration, direct observation (oral naltrexone dosing)

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H2015	HF	Comprehensive community support services, per 15 minutes (Recovery Support Navigator)
96372		Therapeutic prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular (Naltrexone)
J0571*		Buprenorphine, oral, 1 mg (maximum 32 mg per day) (prior authorization required) (*NDC required)
J0572*		Buprenorphine/naloxone, oral, less than or equal to 3 mg (maximum of one unit (film or pill) per day; may be combined with J0573, J0574, and J0575, as medically necessary) (*NDC required)
J0573*		Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal 3.1 to 6 mg (maximum of one unit (film or pill) per day; may be combined with J0572, J0574, and J0575, as medically necessary) (*NDC required)
J0574*		Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg. (maximum of 4 units (film or pill) per day; may be combined with J0572, J0573, and J0575, as medically necessary) (*NDC required)
J0575*		Buprenorphine/naloxone, oral, greater than 10 mg (maximum of 2 units (film or pill) per day; may be combined with J0572, J0573, and J0574, as medically necessary) (*NDC required)
J2315*		Injection, naltrexone, depot form, 1 mg (maximum of 380 mg. per month) (*NDC required)
J3490*		Unclassified drugs (Naltrexone, oral)

(To view the rates for these services, please refer to 101 CMR 320.00: Clinical Laboratory Services.)

80305	Drug tests(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, (eg, immunoassay) read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LCMS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

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Outpatient Services

(To view the rates for these services, please refer to 101 CMR 346: Rates for Certain Substance-Related and Addictive Disorders.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
90882	HF	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (substance abuse program) (case consultation) (per 30-minute unit two units maximum per day)
97810	HF	Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient (substance abuse program) (I.C.) (one unit maximum per day)
97811	HF	each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (substance abuse program) (I.C.) (three units maximum per day) (to be used in conjunction with 97810)
H0004		Behavioral health counseling and therapy, per 15 minutes (individual counseling) (four units maximum per day)
H0005		Alcohol and/or drug services group counseling by a clinician (per 45-minute unit) (two units maximum per day)
T1006		Alcohol and/or substance abuse services family/couple counseling (per 30-minute unit, two units maximum per day)
H0038	HF	Self-help/peer service, per 15 minutes (substance abuse program) (recovery support service by a recovery advocate trained in Recovery Coaching)

(To view the rates for these services, please refer to 101 CMR 444.00: Rates for Certain Substance Use Disorder Services.)

H2015	HF	Comprehensive community support services, per 15 minutes (Recovery Support Navigator)
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(To view the rates for these services, please refer to 101 CMR 317.00: Medicine.)

99201		Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
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Service

Code Modifier Service Description

99202		Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203		Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99204		Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
99205		Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99211		Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

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99212		Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99213		Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99214		Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
99215		Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

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601 Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

Enhanced Inpatient Detoxification Services for Pregnant Members

(To view the rates for these services, please refer to 101 CMR 346: Rates for Certain Substance-Related and Addictive Disorders.)

H0011	HD	Alcohol and/or drug services; acute detoxification (medically monitored inpatient detoxification services), pregnant/parenting woman's program (facility with 37 or fewer licensed beds)
H0011	HD	Alcohol and/or drug services; acute detoxification (medically monitored inpatient detoxification services), pregnant/parenting woman's program (facility with more than 37 licensed beds)

Intensive Outpatient Detoxification Services for Pregnant Members

(To view the rates for these services, please refer to 101 CMR 346: Rates for Certain Substance-Related and Addictive Disorders.)

H0004	HD	Behavioral health counseling and therapy, per 15 minutes (pregnant/parenting women's program) (individual counseling) (four units maximum per day)
T1006	HD	Alcohol and/or drug services family/couple counseling (pregnant/parenting women's program) (per 30-minute unit) (two units maximum per day)
H0005	HD	Alcohol and/or drug services; group counseling by a clinician (pregnant/parenting women's program) (per 45-minute unit) (two units maximum per day)
H0006	HD	Alcohol and/or drug services case management (pregnant/parenting women's program) (per 15-minute unit) (four units maximum per day)

Day Treatment Program for Pregnant Members

H1005		Prenatal care, at-risk enhanced service package (includes H1001-H1004) (prenatal care, at-risk enhanced service antepartum management/care coordination/education/follow-up home visit) (individual counseling) (per one hour unit, one unit maximum per day)
H1005	HQ	Prenatal care, at-risk enhanced service package (includes H1001-H1004) (group setting) (prenatal care, at-risk enhanced service antepartum management/care coordination/education/follow-up home visit) (per four hour unit) (one unit maximum per day)

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602 Modifiers

Opioid treatment service centers that purchase drugs through the 340B drug pricing program must include the Modifier “UD” to the HCPCS code (J-code) to identify drugs purchased through that program.

<u>Modifier</u>	<u>Modifier Description</u>
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UD	Drug purchased through the 340B drug pricing program (for use if appropriate with service codes J0571, J0572, J0573, J0574, J0575, and J2315)
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603 National Drug Code (NDC) Requirement

Opioid treatment service centers are required to submit claims on all outpatient claims for drugs administered during the course of a member’s visit with the exact National Drug Code (NDC) that appears on the product administered (applicable to service codes J0571, J0572, J0573, J0574, J0575, J2315, and J3490; designated with “*” in Section 601). The NDC must be submitted in the 5-4-2 digit format (i.e., xxxxx-xxxx-xx). Opioid treatment service centers must therefore include both the HCPCS code (J-code) and the NDC when billing MassHealth for these drugs.

604 Billing Multiple Units of Buprenorphine and Buprenorphine/Naloxone

Pursuant to the limits set forth in Section 601, opioid treatment centers may bill multiple units of buprenorphine or buprenorphine/naloxone (service codes J0571, J0572, J0573, J0574, J0575) as needed to reach the medically necessary dosage.